

# FEDERAL PROTECTIVE SERVICE

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<b>CASE NUMBER</b> P17003082	<b>Occur Date Span</b> 07/14/2017 thru 07/14/2017	<b>Occur Time Span</b> 10:50:00 thru 11:20:00	<b>Report Date</b> 07/14/2017	<b>Report Time</b> 10:50:00
<input type="checkbox"/> Follow-up Report				

<b>Code</b> 1530	<b>Type of Offense or Incident</b> ACCIDENTS - accident (non-traffic): injury	<b>Arrive Date</b> 07/14/2017	<b>Arrive Time</b> 10:50:00
<b>Building No.</b> NY0300ZZ	<b>Address</b> LEO W OBRIEN FB - 1 CLINTON AVE ALBANY NY 12207	<b>Rtn to Svc Dt</b> 07/14/2017	<b>Rtn to Svc Tm</b> 11:20:00
<b>Incident Location</b>	<b>Agency Name</b> GSA - general services administration	<b>Agency Code</b> 4700	
<b>Est Num Dem</b> <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-300 <input type="checkbox"/> 301-500 <input type="checkbox"/> 500+ <b>Est Num Evc</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-300 <input type="checkbox"/> 301-500 <input type="checkbox"/> 500+			

**NARRATIVE**

ON ABOVE TIME AND DATE, AS VII WAS EXITING THE FRONT OF THE O'BRIEN FOB, VII TRIPPED ON THE UNEVEN  
FAVERS. VII WAS WEARING FLAT BLACK SHOES. VII WAS ASKED IF HE NEEDED MEDICAL ATTENTION AND REFUSED.  
VII SAID HE WOULD SEE HIS OWN DOCTOR. VII SUSTAINED INJURIES ABOVE HIS RIGHT EYE, RIGHT BRUISE,  
RIGHT KNEE SCRAPE AND STATED HE HAD RIGHT SHOULDER PAIN. ACCIDENT WAS CAPTURED ON CCV.

<b>INVOLVED PERSON</b> <input checked="" type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Suspect <input type="checkbox"/> Subject <input type="checkbox"/> Report Person <input type="checkbox"/> Govt' Empl <input type="checkbox"/> Govt' Contr <input checked="" type="checkbox"/> Other <input type="checkbox"/> Missing Person											
No.	Name (last, first, middle)	Alias	Date of Birth / Age	Sex	Race	Height	Weight	Eyes	Hair		
1	(b) (6)		(b) (6)	(b) (6)							
Address		City		State		Zip Code		Country			
(b) (6)		(b) (6)		(b) (6)							
Driver's License Number			State	Social Security #		Nationality		Country of Birth		Home Phone	
										(b) (6)	
Scars, Marks, Tattoos / Other				Arrested	Citation Number			NCIC Number	Work Phone		
				<input type="checkbox"/>					(b) (6)		
Employer			Employer City			State	Employer Zip	Employer Country			

<b>INVOLVED PERSON</b> <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Suspect <input type="checkbox"/> Subject <input type="checkbox"/> Report Person <input type="checkbox"/> Govt' Empl <input type="checkbox"/> Govt' Contr <input type="checkbox"/> Other <input type="checkbox"/> Missing Person											
No.	Name (last, first, middle)	Alias	Date of Birth / Age	Sex	Race	Height	Weight	Eyes	Hair		
Address		City		State		Zip Code		Country			
Driver's License Number			State	Social Security #		Nationality		Country of Birth		Home Phone	
Scars, Marks, Tattoos / Other				Arrested	Citation Number			NCIC Number	Work Phone		
				<input type="checkbox"/>							
Employer			Employer City			State	Employer Zip	Employer Country			

<b>VEHICLE</b> <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Recovered <input type="checkbox"/> Suspect <input type="checkbox"/> Other <input type="checkbox"/> Govt <input type="checkbox"/> Evidence									
No.	License No	State	Reg Yr	Make	Model	Veh Yr	Value		
R/O Name (last, first, middle)				Color	VIN			NCIC Number	
R/O Address		City		State	Zip Code	Country			

<b>PROPERTY</b> <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Recovered <input type="checkbox"/> Suspect <input type="checkbox"/> Found <input type="checkbox"/> Other <input type="checkbox"/> Govt <input type="checkbox"/> Evidence <input type="checkbox"/> Weapon									
No.	Type	Make	Model	Color					
Owner Name (last, first, middle)			Serial Number		Value		NCIC Number		
Address		City		State	Zip Code	Country			

Officer Names/Signature / ID# ONEILL, Timothy J (b) (6)	Date 07/14/2017	Supervisor	Date Approved
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Distribution: <input type="checkbox"/> Investigations <input type="checkbox"/> AUSA <input type="checkbox"/> Local Prosecutor <input type="checkbox"/> RO <input type="checkbox"/> Other Case Status: <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Unfounded TFCSS Case Number:	3155 Report Page 1 of 1
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